

NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

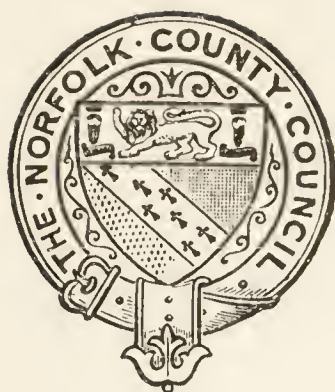
FOR

1932



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29911205>



NORFOLK EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
School Medical Officer
FOR
1932

CONTENTS

	PAGE
Preface	4
Blind Children	26, 27
Co-operation	27
Deaf Children	26, 27
Defective Children	26, 27
Dental Treatment	15—18, 30
Epileptic Children	26, 27
Exclusion of Children	11, 27, 28
Following up	11, 30
Infectious Diseases	9—11, 30
Medical Inspection	7, 28
do. do. Findings of	7—9, 29
Medical Treatment	13—15, 29, 30
Miscellaneous Work	28
Numbers and Attendances	5, 28
Nurses—Work of	11, 12
Nursery Schools	26
Open-air Education	26
Orthopædic Treatment	18—24
Physical Training	24—26
Provision of Meals	26
School Baths	26
School Hygiene	6—7
Staff and Duties	5
Tables—Elementary	31—39
,, Secondary	40—44

PREFACE.

The following Report, the twenty-sixth of the series, is the fifth I have presented, and deals with the work of medical inspection and treatment in connection with the public elementary and secondary schools in the administrative area of Norfolk during the year 1932.

Routine medical inspection has been carried out at all the elementary schools in the County, and further visits, for the purpose of re-examining defective children, have been paid in as many instances as possible. 14,840 children received routine examination, 2,803 being found to have defects or diseases, apart from dental caries or uncleanness, sufficiently severe to require treatment. 53.83% of these cases are definitely known to have received treatment by the end of the year. It is gratifying to note that the percentage of children found to require treatment has fallen from 22.56 during 1931 to 18.76. 32,280 children were inspected by the Dental Surgeons, 20,231 (62.67%) being found to need treatment. Of these children, 10,069 (49.77%) were actually treated under the Scheme.

1,907 secondary school pupils and pupil teachers underwent routine examinations, 256 (13.42%) of whom were found to require treatment for defects or diseases apart from dental caries. As in the case of elementary school children, this shows a decrease, the percentage for 1931 being 19.20. 25.39% of the pupils found to be in need of treatment are known to have received attention. The visits of the Dental Surgeons resulted in 1,227 pupils being inspected; 667 (54.36%) required treatment and 60.72% of this number received treatment.

There has been no addition to the Committee's Treatment Scheme during the year under review. Arrangements were, however, made with the Norfolk & Norwich Hospital and the Jenny Lind Hospital, in accordance with which treatment at those Institutions for removal of tonsils and/or adenoids in cases found as a result of school medical inspection, together with in-patient treatment for orthopædic cases, and dental cases requiring a prolonged general anæsthetic with retention overnight, should be covered by a Block Grant paid by the County Council, a proportion of which was charged to the Education Committee.

It is with extreme regret that I have to record the passing of Dr. Neil Campbell to a higher service. Dr. Campbell was appointed as Assistant School Medical Officer in December, 1908, and, apart from his War Service, was engaged in the medical inspection of school children until within a few days of his death. It is given to few of those engaged in the school medical service to examine the children of parents who themselves passed through the Doctor's hands some twenty years or so previously. Dr. Campbell quickly won and retained the confidence of the parents, and his death was as keenly felt by them as by his colleagues and members of the Education Committee. "Service not Self" is a fitting description of Neil Campbell's life since he came to Norfolk.

It is again my desire to express thanks to the professional and clerical staffs for their services and to the district medical officers of health, general practitioners and teachers for the co-operation freely given and without which the full value of school medical inspection could not be attained.

T. RUDDOCK-WEST,

School Medical Officer.

County Public Health Department,
29, Thorpe Road, Norwich.
March, 1933.

ANNUAL REPORT

OF THE

School Medical Officer

1932.

STAFF AND DUTIES.

As has been mentioned in the preface, one of the Assistant Medical Officers (Dr. Neil Campbell) died in May of the year. After a period, during which the services of a *locum tenens* were employed, the vacancy was filled by the appointment of Dr. Oswald C. Dobson, who commenced duty on the permanent staff as from the 19th September.

No further change has occurred and the professional staff employed is as follows :—

COUNTY MEDICAL OFFICER, who is also School Medical Officer and Administrative Tuberculosis Officer.

DEPUTY COUNTY MEDICAL OFFICER AND SENIOR ASSISTANT MEDICAL OFFICER, who devotes his services mainly to the work of the school medical service.

FOUR ASSISTANT MEDICAL OFFICERS, one of whom also has charge of three Infant Welfare Centres.

SIX DENTAL SURGEONS, the services of one being lent to an adjoining Authority on two days each week.

NINE SCHOOL NURSES, who also act as School Attendance Officers and Infant Life Protection Visitors.

In addition, the services of the Council's three Tuberculosis Officers, a part-time Orthopædic Surgeon and of the Orthopædic Nurse are utilised, together with the following part-time Officers :—

FIVE OPHTHALMIC SPECIALISTS ONE AURAL SURGEON.

The clerical staff of the Public Health Department is responsible for the clerical work of the service, thus affording closest co-operation between the different Public Health sections.

A full list of the staff is given in my Report as County Medical Officer of Health.

ELEMENTARY SCHOOLS.

NUMBERS AND ATTENDANCES.

At the end of the year there were in the Education area of the County, 482 public elementary schools, having 531 departments; 221 were provided and 261 non-provided schools.

The names of 44,151 children were on the school registers on the 31st December, 1932, 2,079 of whom were under the "legal" age of five years. The average attendance for the year ended 31st March, 1932, was 39,927.

SCHOOL HYGIENE.

Reports are received from the Assistant Medical Officers at every inspection upon the hygienic conditions of the schools and particulars of any defects needing attention are passed to the Education Committee. In addition, obligations in this connection devolve upon the local sanitary authorities.

The following defects were reported upon during the year :—

Name of Defect.	NUMBER REPORTED.			
	Primary. Provided Schools.	Non-Provided Schools.	Re-referred. Provided Schools.	Non-Provided Schools.
Desks—unsuitable and bad type	8	5	1	—
Lighting—inadequate ...	1	2	—	—
Heating—ditto ...	1	6	—	1
Ventilation—ditto ...	3	4	1	—
Closets and Urinals—				
Unsatisfactory cleansing ...	—	—	1	—
Unsatisfactory drainage ...	1	—	—	—
Constructional defects ...	—	—	—	1
Lavatories—				
Inadequate accommodation ...	1	1	—	—
Cloakrooms—				
Inadequate accommodation ...	1	—	—	—
Defective floors ...	—	1	—	1
Playgrounds—				
Unsatisfactory surfaces, etc. ...	2	5	1	1
Internal Decoration needed ...	4	2	—	1
School Buildings—				
Structural defects ...	2	3	—	—
Provision of Dust Bin ...	1	—	—	—
Miscellaneous ...	2	1	—	—
	27	30	4	5
	57		9	

The following particulars as to alterations, improvements, etc., carried out by the Committee during the year ending 31st March, 1933, have been supplied by the Secretary for Education :—

	Provided Schools.	Non-Provided Schools.
New Schools ...	1	—
Structural Alterations ...	2	—
Improvements—Partitions ...	1	—
Floors ...	6	2
Ventilation & Lighting ...	4	—
Heating ...	6	—
Structural ...	5	—
Sanitation ...	25	—
Playgrounds—Gravelling ...	41	—
Renovations ...	93	38

The new schools erected by the Committee during recent years are planned and equipped in such a manner to ensure that a healthy school-life should be maintained. Furthermore, in erecting new schools, the Committee has adopted the policy of providing a room for medical inspection purposes. One very bad school has been replaced during the year and the

Assistant Medical Officer, after visiting the new school for the first time, reported “already there is a healthier and happier atmosphere amongst the children.”

Even in the older schools it is surprising what can be done when the fullest use is made of the facilities available. Cleanliness means much and costs but little.

MEDICAL INSPECTION.

The groups of children inspected were as detailed in the Report for 1931.

Table I., page 31, gives the number of children examined in the various age-groups. 14,840 underwent routine examination, the leaver group showing a marked increase, while the entrants and intermediate groups show a slight decrease. 1,989 children were brought forward as “Specials,” while re-examination of 17,258 children who had been found defective at previous inspections, was made.

The Board’s schedule as to routine inspection has been followed.

Each school in the county received a routine visit of inspection, and in addition 206 departments were revisited, 4 departments receiving a third visit. Owing to the unavoidable interval between Dr. Campbell’s death and the appointment of his successor, less second visits were made. As I pointed out in the Report for last year, these second visits for the purposes of re-examination are most valuable. In this connection, the Chief Medical Officer of the Board of Education in his Report for 1931, states that even in rural areas, every effort ought to be made to visit each school at least twice a year.

The parents of 22 children objected to examination by the Assistant Medical Officers, as against 63 during the year 1931; 11 of these 22 children being members of four families. On the other hand, there are parents who not only recognise the value of school medical inspection but often, at some inconvenience, make it possible to attend at the time of examination. The average percentage of attendance for the year under review in connection with routine inspections was 58.77, the figures in respect of each group being as follows :—

Groups.		Percentage.	
Entrants	...	78.97	(78.24)
Intermediates	...	61.48	(61.55)
Leavers	...	37.12	(39.61)
Other Age Groups	...	53.35	(55.40)

For the purpose of comparison the percentages for 1931 are given in brackets.

During inspection it was ascertained that 5,716 (38.6%) of the 14,804 children examined as routines showed evidence of vaccination.

FINDINGS OF MEDICAL INSPECTION.

Table II., page 32, gives full particulars as to the number of defects found as a result of routine and special inspections, while on page it will be observed that the percentage of children inspected in the Code groups who were found to require treatment, has dropped from 24.07 in 1930; 22.57 in 1931 to 18.77 in 1932.

The following Table, however, is of value as it shows the number of principal defects found in each age-group.

Defect.	Group.	No. Examined.	No. of Defects.	Percentage.
Malnutrition	Entrants	4743	133	2.80
	Intermediates	4661	265	5.68
	Leavers	4870	148	3.03
	Other ages	566	34	6.00
Skin Diseases	Entrants	4743	57	1.20
	Intermediates	4661	49	1.05
	Leavers	4870	40	0.84
	Other ages	566	8	1.41
Defective Vision	Entrants	4743	12	0.25
	Intermediates	4661	167	3.58
	Leavers	4870	173	3.55
	Other ages	566	20	3.71
Squint	Entrants	4743	54	1.13
	Intermediates	4661	18	0.36
	Leavers	4870	13	0.26
	Other ages	566	3	0.53
Defective Hearing	Entrants	4743	4	0.08
	Intermediates	4661	9	0.19
	Leavers	4870	11	0.22
	Other ages	566	1	0.17
Otitis Media	Entrants	4743	16	0.33
	Intermediates	4661	12	0.25
	Leavers	4870	25	0.51
	Other ages	566	—	—
Enlarged Tonsils	Entrants	4743	98	2.06
	Intermediates	4661	60	1.28
	Leavers	4870	54	1.12
	Other ages	566	8	1.41
Adenoids only	Entrants	4743	18	0.37
	Intermediates	4661	15	0.32
	Leavers	4870	9	0.18
	Other ages	566	1	0.17
Enlarged Tonsils and Adenoids	Entrants	4743	278	5.86
	Intermediates	4661	155	3.32
	Leavers	4870	106	2.17
	Other ages	566	25	4.41
Nose and Throat—other conditions	Entrants	4743	16	0.33
	Intermediates	4661	19	0.40
	Leavers	4870	14	0.28
	Other ages	566	4	0.70
Spinal Curvature	Entrants	4743	—	—
	Intermediates	4661	7	0.15
	Leavers	4870	6	0.12
	Other ages	566	1	0.17

Malnutrition.

As has been mentioned in previous years, this term does not rightly apply to all the cases marked for treatment. The condition given in the Board's instructions for preparation of medical card is nutrition, and the

figures in this Report are those of children who were in need of treatment (correction of or addition to diet, etc.), on account of their nutrition being below normal, in addition to those whose poor nutrition was in many cases due to some other defect. The 580 cases were classified as follows:—

Nutrition sub-normal	...	520
Nutrition poor	...	54
Definite malnutrition	...	6

The latter cases were followed up and steps taken to ensure that necessary treatment was obtained. Where the means of the parents did not permit provision of such treatment, the services of the Local Care Committees or the Public Assistance Committee were enlisted. Having regard to the rural nature of the County and the widespread depression in agriculture, it is interesting to note that the percentage of children with nutrition below normal has remained practically stationary at 3.90%. The percentage for 1931 was 3.62.

Infections of Nose and Throat.

There was a decided drop in the number of cases from routine inspections referred for operative treatment. The numbers in brackets are those for 1931. Enlarged Tonsils, 220 (371); Adenoids, 43 (47); Enlarged Tonsils and Adenoids, 564 (911). In addition, 2,508 children were marked for observation compared with 3,130 in the previous year.

In view of the large increase in the number of defects found, following routine inspections in 1930 and 1931, special attention has been paid, during the year under review, to ensure that surgical treatment was not recommended in cases where the enlargement might be the result of some other defect. In 1931, 9.6% of all the routines examined were recommended to have tonsils or adenoids, or both, removed, but in 1932 the percentage was 5.6. Even now this is still high. Sir George Newman, in his Report for 1931, states that the incidence in counties varies considerably.

The figures in connection with the remaining defects call for no special comment.

INFECTIOUS DISEASES.

During the year, the Committee's Regulations in connection with the exclusion of children from school on account of infectious diseases have been revised and now conform with the joint memorandum of the Ministry of Health and the Board of Education issued in 1925.

Full co-operation is maintained with the District Medical Officers of Health. Head teachers are required to send them a duplicate copy of the notification sent to the School Medical Officer, of any definite or suspected infectious disease of a school child. In the case of notifiable infectious disease, the child and home contacts are excluded on the certificate of the District Medical Officer of Health and are not re-admitted until he has certified that the home is free from infection.

Though there has been a prevalence of Scarlet Fever during the year under review, the disease has been mild in type. Some difficulty was experienced at two neighbouring schools owing to the occurrence of sporadic cases of Scarlet Fever. Investigations were carried out and all children who had had any contact whatever with any recent cases were swabbed, with a view to detecting the presence of hæmolytic streptococci. Two positive cases were found and excluded pending negative swab results, close co-operation being maintained between the District Medical Officer of Health and general practitioners concerned. Whether by accident or

design it is impossible to say, but the fact remains that no further cases have been notified over a period of three months. While the evidence is strongly in favour of hæmolytic streptococci being the causal organisms of the disease, the facts are not yet conclusive. There can be no doubt, however, that the disease is spread by means of carriers; some, of course, may have suffered from Scarlet Fever and have slight discharge from nose, etc. It is conceivable that others, while not actually suffering from the disease, may be harbouring the organisms in the nose or throat in a similar manner to the diphtheria carrier. Once the identity of the causal organism has been definitely established and isolated these carriers would present less difficulty.

With regard to Diphtheria, it is well-known that this disease, in addition to causing death, in many instances leaves serious sequelæ, such as post-diphtheritic paralysis, and the importance of obtaining early medical advice and treatment cannot be overstressed.

When a case of Scarlet Fever or Diphtheria occurs in a household, all the children in the family have to be excluded from school for some 6 to 8 weeks, and are, of course, subjected to greater risk of infection. If there were sufficient Isolation Hospital beds available, the patients could be removed and the contacts be able to return to school within eight days. As the Government grant depends largely on attendance, this necessary wholesale exclusion of contacts has an adverse effect upon the County's finances.

There are many advantages obtained in connection with the establishment of Central Schools, but it will be realised that by this means the control of infectious disease is rendered more difficult owing to the large areas tapped by such schools.

Unfortunately, there was again an epidemic of Influenza during the first three months of the year which necessitated the closure of 129 schools and departments. This is the largest number of closures on this account since 1927, when there were 250.

School Closures during 1932.

Under Article 45 (B) on advice of School	
Medical Officer	157
Under Article 57 by Local Sanitary	
Authority	Nil
	<hr/>
Total	157
	<hr/>

The diseases responsible for closures, together with the number of school days lost through such action were:—

Disease.	No. of Closures.	No. of School days lost.
Coughs, Colds, etc.	3	32
Diphtheria	2	10
Influenza	129	705½
Measles	22	213½
Whooping Cough	1	7
	<hr/>	<hr/>
Total	157	968
	<hr/>	<hr/>

In all cases where the closure covered the week-end, a covering letter was sent with the closure order asking that an attempt be made to ensure co-operation with the local Sunday School Authorities.

Exclusions.

16,380 children were temporarily excluded or re-excluded under Article 53(B) on account of the undermentioned infectious diseases :—

Chicken Pox ...	...	1,441	Mumps ...	...	382
Coughs and Colds ...	...	5,187	Scarlet Fever ...	...	401
Diphtheria ...	...	211	Sore Throats ...	...	273
Influenza ...	...	4,127	Typhoid Fever ...	...	5
Measles—German ...	...	1,286	Whooping Cough ...	...	1,185
Measles—English ...	...	1,882			

31 complete classes were also excluded under this Article during the year.

Rule 23 of Schedule IV. of the Code—Paragraph 2 (a).

316 Certificates were issued by the School Medical Officer in cases where the attendance of a School fell below 60% and was reasonably attributable to the prevalence of epidemic disease in the district. The diseases responsible were :—

Chicken Pox ...	...	11	German Measles ...	...	6
Coughs, Colds, etc. ...	...	54	Measles ...	...	79
Diphtheria ...	...	4	Scarlet Fever ...	...	3
Influenza ...	...	111	Whooping Cough ...	...	48

FOLLOWING UP.

No alteration has taken place in this connection. Defects needing treatment are entered in the Medical Log Book at the time of medical inspection and thus the School Care Committee has complete information as to the cases requiring attention. Reports are obtained from the Care Committees and outstanding cases are followed up in many instances by visits to the homes by members of the staff.

WORK OF THE NURSES.

(a) Minor Ailments.

(i). TREATED AT SCHOOL CLINICS.

Full details as to the defects dealt with are given on page 13. The Clinics are held at six centres, *viz.*, East Dereham, Fakenham, North Walsham, Walsoken, Wells and Wymondham, in each case being of one session with the Nurse in attendance weekly and the Assistant Medical Officer monthly. With the exception of those at E. Dereham and Wells, where special rooms are allotted, the Clinics are held in equipped huts.

(ii.) TREATED AT SCHOOLS OR HOMES.

The above-mentioned Clinics naturally serve only the Schools neighbouring the small towns in which they are situated. Children in other schools are followed up by the School Nurses, and, where necessary, treated either at the schools or homes. The following is a summary of the cases dealt with :—

Disease.		No. of Cases followed up.	RESULT.	
			Cured.	Still under Treatment.
Impetigo ...	...	537	403	134
Scabies ...	...	28	20	8
Ringworm—Scalp ...	...	107	47	60
do. Body ...	...	20	16	4
Other Skin Diseases ...	...	154	105	49
Ear Diseases ...	...	122	51	71
Eye Diseases ...	...	522	222	300
Minor Injuries ...	...	283	243	40
Miscellaneous ...	...	200	132	68

(b) **Surveys of Children for Uncleanliness.**

	1932.	1922.
Number of visits to Schools	4,025*	3,163
Average number of visits made to each School visited	7.5	5.7
Total number of children examined	182,651	137,905
Number of individual children found unclean (<i>i.e.</i> , vermin or nits)	3,718	5,669
Number of children excluded at the Nurses' visits	239	773
Number of Special Warning Letters <i>re</i> Nits sent to parents	17	—
Number of letters sent on first exclusion ...	67	—
Number of "Final Warning" Letters sent to parents	26	196
Number of Homes visited	896	740

Result of "following up"—

Clean	1,409	1,562
Improved	2,224	3,677
Unsatisfactory	85	144

*Includes 2,142 complete surveys of all children in school.

In 148 schools, on 339 occasions, all the children were found quite clean.

The above figures show the progress which has been made in 10 years. That much has been done is clearly evident, but there are still families whose idea of cleanliness is far from satisfactory. These are a problem and every School Medical Officer has his share of them. It has been no mean task to get the figures nearly halved in 10 years.

The number of individual children found unclean was 2.23% of the number on the school registers. In 1922 the percentage was 4.11. It must be remembered that the term unclean includes those children who have only a few nits and not only those whose heads are verminous. The number of schools where all the children were found quite clean has risen from 47 in 1922 to 148 in 1932, whilst prosecutions fell from 70 to 5 in the same period.

The Nurses visit the schools at an average interval of six weeks and their labours have largely been responsible for the present satisfactory state of affairs. There can be no doubt, however, that the influence of the teachers on parents and the children themselves has also been a material factor in the improvement which has been obtained.

VERMINOUS PROSECUTIONS.

Under the Attendance Byelaws, proceedings were taken in five instances for absences from school, caused by uncleanliness. The prosecution in each case was successful, fines of 5/- being inflicted in four cases, and of 10/- in the remaining case.

(c) **Miscellaneous Work.**

The practice of utilising the Nurses with regard to following up definite or suspected infectious or contagious diseases and also with regard to provision of treatment recommended as a result of School Medical Inspection, has already been commented upon. On occasions, in view of special circumstances, they assist in connection with medical inspection or dental treatment and use is also made of their services in fitting children with spectacle frames.

MEDICAL TREATMENT.

(a) Under Education Committee's Scheme.

(1) Minor Ailments treated at School Clinics (see page 11).

RESULT OF TREATMENT.

DISEASES.	No. Individual children treated.	No. cured.	No. still to attend.	No. left or refused treatment.	Total attend- ances at clinic
Impetigo	183	160	21	2	649
Scabies	4	4	—	—	18
Ringworm—Scalp	4	2	2	—	89
Ringworm—Body	1	1	—	—	9
Other Skin Diseases	186	120	65	1	1565
Minor Injuries	537	491	43	3	1929
Discharging Ears	32	13	19	—	472
Other Ear Diseases	19	17	2	—	132
Blepharitis	52	30	22	—	755
Conjunctivitis	9	5	4	—	84
Other Eye Diseases	20	17	3	—	76
Enlarged Glands	40	20	19	1	670
Verminous	22	1	21	—	775
Miscellaneous	139	121	17	1	658
	<hr/> 1248	<hr/> 1002	<hr/> 238	<hr/> 8*	<hr/> 7881

*No case of refusal.

(2) Defective Vision—Refraction Work.

(i.) Vouchers issued on :—

Ophthalmic Specialists ...	198	
Approved General Practitioners	41	
	<hr/>	239

(ii.) by whole-time Assistant Medical Officers

727

966

Of the 239 vouchers issued on Specialists and approved General Practitioners, 23 were not utilised by the end of the year. The remaining 216 cases examined resulted as follows :—

Glasses prescribed and obtained	165
Glasses not necessary	50
Glasses prescribed but not obtained by the end of the year	1

210 Refraction Clinics were held by the Assistant Medical Officers at 117 Centres. Of the 727 children examined by retinoscopy, 614 were found to require glasses, 9 were referred to the Ophthalmic Specialists leaving 104 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 572 instances, leaving 42 cases outstanding.

(3) Operations for Tonsils and Adenoids.

Vouchers issued on :—

General Practitioners	...	...	220
Hospitals	...	...	134
			<hr/>
			354
			<hr/>

of this number, 73 were outstanding at the end of the year.

689 are known to have received operative treatment during 1932 for removal of tonsils and/or adenoids, 422 being performed through the Authority's Treatment Scheme.

Whilst it will be seen that 220 of the 354 Vouchers issued authorising such operations were upon approved general practitioners, it must be pointed out that at a low estimate half of these cases were dealt with at the Cottage Hospitals by private arrangement between the practitioner and the hospital concerned. Notification is sent by the practitioner, prior to the operation, giving full particulars as to the proposed date, time and place of operation, thus enabling the School Medical Officer to be present if so desired. Prior to the name of a general practitioner being placed on the Committee's Panel, he has to satisfy the School Medical Officer as to his qualifications and experience and the arrangements under which treatment will be given.

With regard to the Hospitals, as mentioned in the preface, an agreement was completed with the Norwich Hospitals, and prior to treatment the Honorary Aural Surgeons see all cases, deferring operative measures if considered advisable. Matters at the King's Lynn General Hospital were at a standstill during the year, apart from the fact that outstanding cases, of which there were a good number, were dealt with. At the time of writing, however, the Committee has come to an amicable agreement with the Hospital Authorities and vouchers are again being issued. The Honorary Surgeons here also have agreed to see all cases as out-patients, prior to placing them on the waiting list for admission.

(4) Tuberculosis.

All cases, subject to the consent of the medical practitioner in attendance, are treated under the County Council's Tuberculosis Scheme. Bone and Joint cases are referred to the Orthopædic Surgeon for his opinion. Any question of school attendance of children with definite or suspected tuberculous disease is dealt with on the recommendations of the Tuberculosis Officers.

Details as to children in receipt of institutional treatment on 31st December, 1932, will be found in Table III., page 35. Fuller information is given in my Report as County Medical Officer of Health.

(5) Ear, Nose and Throat Defects.

6 cases were referred to the Consulting Aural Surgeon during the period under review for opinion, and, if necessary, treatment, three being children with defective hearing and three with deviation of the septum or other nasal obstruction.

(6) Ringworm of the Scalp.

While the Committee's agreement with the Norwich City Authorities is still in force, no cases received treatment by means of X-ray. Parents are often chary of accepting such treatment, with its rather drastic temporary result. There is, however, no great incidence of this disease in the County, and the Committee's Regulations, instituted by my predecessor, under which children suffering from Ringworm of the Scalp attend school wearing a linen cap or bonnet, provided treatment is regularly given, certainly work very well in practice.

(b) Not under Education Committee's Scheme.

From information obtained from the Local Care Committees, the reports of Assistant Medical Officers and in some instances, the School Nurses, it is possible to give the following table of defects found as a result of Medical Inspection and known to have received treatment during the year :—

DEFECT.	NUMBER OF CHILDREN TREATED.			
	Referred previous to 1932.		Referred in 1932.	Total.
Malnutrition (including Debility, Underweight, etc.)	108	...	148	256
Ringworm of Body	—	...	1	1
Impetigo	13	...	14	27
Scabies	1	...	2	3
Other Skin Diseases	11	...	9	20
Blepharitis	69	...	66	135
Conjunctivitis	5	...	2	7
Other Eye Diseases	2	...	4	6
Defective Hearing	6	...	2	8
Otitis Media	25	...	17	42
Other Ear Diseases	6	...	3	9
Nose and Throat—other	8	...	6	14
Defective Speech	2	...	2	4
Enlarged Glands (Non. Tb.)	22	...	29	51
Heart—Functional	3	...	11	14
Anæmia	42	...	46	88
Bronchitis	29	...	33	62
Lungs, other (Non. Tb.)	11	...	7	18
Epilepsy	4	...	1	5
Nervous, other	4	...	4	8
Rickets	9	...	6	15
Spinal Curvature	4	...	6	10
Other Deformities	11	...	8	19
Other Defects and Diseases	75	...	95	170
Total	470		522	992

DENTAL TREATMENT.

Dental treatment continues by means of six travelling Clinics, five being horse-drawn vans and the other a Trailer Van drawn by the Dental Surgeon's car. The Dental Surgeon, using the latter, reports that no insurmountable difficulty has been experienced in connection with transport and that from the surgical point of view, the Trailer Van left nothing to be desired.

All children in attendance are inspected on the occasion of the visits of the Dental Surgeons, and treatment, where found necessary, is offered at a uniform charge of 1/- per child. Poverty of a parent does not, however, preclude treatment, and the Committee relies upon the recommendations of the School Care Committees in such cases. Special Clinics are held on Saturday mornings whenever the number of cases known to be in need of attention, and willing to attend, justifies such steps, and it is gratifying to record a substantial increase in the number of such special cases.

Table IV., Group IV. (page 39), shows that 32,280 elementary school children, or approximately 80% of the average number in attendance, were inspected by the Dental Surgeons, 2,183 being children of 5 years of age or under. 20,231 were found to require treatment and 10,069 were treated, the percentage of refusals being 51.23 as against 51.19% during 1931. The percentage of children requiring treatment was also practically stationary at 62.67%. 5 children needing extensive treatment and requiring a prolonged general anæsthetic were dealt with at the Norwich Hospitals, being retained overnight.

Talks to the children on dental hygiene are given by the staff when opportunity permits, while a lecture was given by one of the Dental Surgeons to a Women's Institute in the County, the meeting being open on that occasion to non-members of the Institute. Tooth-brushes, at cost price, can be obtained by teachers for the use of children on application to the Committee.

Extracts from reports by two of the Dental Surgeons are appended:—

Miss S. S. How, L.D.S.

“Relief of Crowding by extraction.”

I am very satisfied with the results obtained by the judicious extraction of upper and lower premolars and even of a lower incisor, central or lateral. Crowded lower incisors straighten out very well, three occupying nicely the space filled by four overlapping ones. Upper canines move back and down into the space formerly occupied by first premolars. Curiously, it is never difficult to convince parents of the advisability of this treatment, but I always insist on seeing the parent before extracting, and explain exactly why I am extracting certain teeth, and also point out the probable length of time before any result may be expected.

Teaching of Hygiene in Schools.

I find the response to treatment greater in schools where hygiene lessons are given regularly, although the giving of one or two isolated lessons in a course cannot be so satisfactory as the regular insistence by teachers on the use of the toothbrush. I believe it is the usual custom to make a daily inspection of hands and nails—and I think the daily question might be asked, “Which children have cleaned their teeth to-day?”

Calcium Treatment of Bleeders.

I have had excellent results in dealing with a hæmophylic child, age 8 years, by means of a calcium preparation in tablet form, each tablet containing 25 grains of calcium gluconate. 1 tablet

divided into three portions was given on the first day at 11.30 a.m., 4 p.m. and 8 p.m., two tablets similarly divided on the second day, and three tablets on the third day. On the following morning, following the administration of a further tablet, two teeth were satisfactorily removed, there being no recurrence of bleeding during the night."

Mr. P. Millican, L.D.S.

"Refusals.

"Parents and guardians who refuse treatment for their children do so on account of weather conditions, poverty, epidemics (such as influenza), the youth of the patient, or that the child will be treated by 'their own dentist,' who usually is non-existent. There are always in addition, the parents who suffer from a superiority complex, or are too ignorant or careless to pay heed to the advice of the dentist. The persistent refusal usually comes from the parent who is guided in everything by the opinion of the child; but the kindly influence of the Teacher will often result in an acceptance where a refusal is imminent.

Caries.

Extensive caries is most usually found in the mouths of children who :—

- (1) are the victims of congenital disease, rickets, early exanthemata and other diseases of childhood;
- (2) suffer from nasal obstruction,
- (3) are extensively dieted on sweets and biscuits;
- (4) are given a "soft" diet even though dental hygiene is carefully carried out.

Jaw Deformity.

This, in majority of cases, is caused by :—

- (1) nasal obstruction;
- (2) habits, such as thumb sucking;
- (3) comforters;
- (4) malnutrition, causing a rickety condition.

The incidence of jaw abnormality in this dental area has markedly decreased in the past 10 years—no doubt owing largely to the fact that tonsil and adenoid conditions receive earlier medical and surgical attention than heretofore.

The chief adverse influence on the teeth of nasal obstruction indicating the necessity for early treatment, is the tendency to contraction of the palate, leading to overcrowding and irregularity of the teeth. This overcrowding produces an uncleanly, and therefore unhealthy, condition of the teeth and gums.

Special attention should be given to children living on clay in the neighbourhood of rivers and lakes, as doubtless these children are more prone to chronic nasal obstruction than those living on gravelly high ground.

Tooth Deformity.

The development of the teeth commences before birth and is not complete till the 18th year, at which time the eruption of the wisdom teeth takes place. The blood-stream plays an all-important part in this development, for it is from the blood that the material from which the teeth are constructed, is derived. Therefore, during this period, the blood should be allowed to carry out its constructional function and not be diverted to the overcoming of disease, otherwise tooth deformity and caries will result. The selective type of caries often found in six and twelve years old molars in an otherwise perfect mouth seems to prove this.

From the above, the occurrence of hypoplastic and carious conditions of the teeth would seem to depend primarily on the incidence of general disease, from whatsoever cause, during the period of tooth-formation.

A diet of fresh and well-cooked food, plenty of fruit, fresh air and sunlight, combined with physical cleanliness and suitable exercise, are absolutely necessary for the physical (and therefore, dental) welfare of the growing child.

Hygiene, as a subject, has, for some time, been included in the School Syllabus, and its importance is becoming more and more recognised by the public.

Teachers.

The favourable influence of the teaching staffs is invaluable to the school dentist. It is very gratifying to be able to report that, in this dental area, all the teachers give their whole-hearted co-operation to the dental scheme."

ORTHOPÆDIC TREATMENT.

(I) Ascertainment.

104 new cases have been examined during the year and 88 of these remained on the register at the end of the year, the remainder being discontinued for various reasons. 31 children have been transferred from the Maternity and Child Welfare Sub-Committee and 4 from the Tuberculosis Register.

(2) Clinics held by the Orthopædic Surgeon.

Inspection Clinics have been held as shown below :—

Centre.	No. of Clinic Sessions.	Cases examined.			TOTAL.
		New	Re-examina- tions.	Approval of Apparatus.	
Norwich ...	19	31	83	44	158
King's Lynn ...	1	2	2	—	4
Downham ...	1	1	—	—	1
TOTAL ...	21	34	85	44	163

It should be remembered that the number of cases shown does not represent the total number of children seen at the clinics. A further 106 cases, under 5 years of age or tuberculous, were also examined.

(3) Institutional Treatment.

The in-patient treatment provided at General Hospitals and Certified Hospital Schools is shown in the following table, the number of cases awaiting admission at the end of the year being also indicated :—

Institution.	Receiving treatment 1.1.32	Admitted during year.	Discharged during year.	Receiving treatment 31.12.32.	Awaiting admission 31.12.32.
Jenny Lind Hospital, Norwich	4	4	7	1	1
St. Nicholas' and St. Martin's Orthopædic Hospital, Pyrford, Surrey... ..	5	7	5	7	—
Royal National Orthopæ- dic Hospital, London	3	10	* 11	2	—
Heatherwood Hospital, Ascot, Berkshire ...	1	—	1	—	—
TOTALS	13	21	24	10	1

*Three of these cases each received two periods of treatment during the year.

The following is an analysis of the 21 cases discharged during 1932:—

Institution.	Diagnosis or Deformity.	No. of cases treated.	Treatment.	Result of treatment.
Jenny Lind Hospital, Norwich ...	Torticollis ...	1	Division of clavicular head of left sterno mastoid	Deformity corrected
		1	Left sterno mastoid lengthened and cervical fascia divided	ditto
	Infantile paralysis affecting legs ...	2	Splinting, massage, and provision of walking calipers ...	Improved.
	Paralytic left talipes equino varus ...	1	Tendo achillis lengthened	Position of foot improved.
	Discharging sinuses ...	1	Removal of sequestra, ultra violet light and vitamins ...	Much improved.
	Defective extension of knee ...	1	Weight extension...	Cured.
Royal National Orthopædic Hospital, London ...	Cerebral diplegia ...	1	Obturator neurectomies right and left ...	Very good result.
			Division of hamstrings right and left ... Open elongation of left tendo achillis ...	

Institution.	Diagnosis of Deformity.	No. of Cases treated.	Treatment.	Result of Treatment.
Royal National Orthopædic Hospital, London ...	Spastic diplegia ...	1	Right and left obturator Stoffel operations	Much improved.
	Spastic paraplegia	1	Division of right and left obturator nerves	Good result.
	Paralytic right talipes equinovarus ...	1	Arthrodesis of right foot	Deformity corrected.
	Torticollis ...	1	Tenotomy of sternal head of sternomastoid ...	Good correction.
	Infantile paralysis affecting right leg and deformity of left foot	1	Arthrodesis of right foot... Steindler's operation left foot ... Supplied with special shoes ...	Deformity corrected.
	Congenital dislocation of both hips	1	Manipulation of hips followed by plasters ...	Progress satisfactory. Re-admitted later for further treatment.
	Deformity of right ankle—old fracture ...	1	Removal of prominence on outer surface of lower end of fibula	Good result.
St. Nicholas' & St. Martin's Orthopædic Hospital, Pyrford, Surrey.	Double pes cavus ...	2	Steindler operations both feet...	Deformity corrected.

Institution.	Diagnosis or Deformity.	No. of cases treated.	Treatment.	Result of Treatment.
St. Nicholas' & St. Martin's Orthopædic Hospital, Pyrford Surrey.	Infantile paralysis affecting right leg and deformity of left foot ...	I	Mid-tarsal subastragaloïd arthrodiesis of both feet... Osteotomy of right tibia ... Soutter's operation right hip ...	Good result..
	Congenital dislocation of both hips	I	Skeletal traction and closed reduction with successive plasters ...	Much improved..
	Scoliosis ...	I	General physical treatment and postural exercises ...	Improved..
Heatherwood Hospital, Ascot, Berks.	Scoliosis ...	I	Series of plaster jackets ... Supplied with celluloid spinal jacket ...	Very little improvement.

(4) Supply of Surgical Apparatus.

112 vouchers have been issued authorising the supply, alteration and repair of appliances.

Of the cases on the register at the end of the year apparatus was being worn by the following :—

Surgical boots	...	...	...	42
Ordinary boots wedged or otherwise altered				42
Surgical boots and instruments	...	...		77
Spinal supports	...	...	...	11
Artificial limbs	...	...	...	4
Abdominal belts	...	...	...	2
Hand splint	...	...	...	1
Toe posts	...	...	...	1
Cervical collar	...	...	...	1
				<hr/> 181 <hr/>

(5) Supply of Special Furniture.

Four special chairs and tables have been provided for the use of crippled children in school.

(6) Services of Orthopædic Nurse.

The increasing number of cases makes a greater demand upon the services of the Nurse, and, should the orthopædic work in general continue to increase, the appointment of a second nurse will have to be considered. 1,008 visits to children at home or school were made during 1932.

(7) Cases Discontinued.

107 children on the register have been crossed off during the year for the undermentioned reasons :—

Cured	...	...	...	22
No further treatment needed or advised	...			31
Left school—no further treatment advised...				28
Age limit reached	...	...	...	15
Removed from County	...	...	...	4
Treatment refused	...	...	...	6
To Private School	...	...	...	1
				<hr/> 107 <hr/>

(8) Cases on Register.

At the end of the year there were 449 Education cases on the current register, as compared with 417 in 1931, 386 in 1930, 324 in 1929 and 273 in 1928. The former figure is made up as follows :—

Flat feet and valgus ankles	...	...	98
Claw feet	...	...	15
Hammer toes	...	...	5
Hallux valgus	...	...	1
Deformed toes	...	...	2
Knock knees	...	...	31
Bow legs	...	...	7

Congenital deformities :—

Hip	...	...	...	18	}	88
Spine	...	...	...	4		
Feet	...	...	...	39		
Neck	...	...	...	20		
Hand	...	...	...	4		
Other	...	...	...	3)	
Spastic paralysis	...	...	...	...		33
Infantile paralysis	...	...	...	...		64
Muscular dystrophy	...	...	...	...		5
Erb's paralysis	...	...	...	...		2
Ischæmic palsy	...	...	...	...		1
Spinal deformities (not congenital)	...	...	...	...		18
Hip diseases (ditto )	...	...	...	...		6
Wry neck (ditto )	...	...	...	...		11
Rickets	...	...	...	...		2
Chest deformities (not congenital)	...	...	...	...		3
Round shoulders	...	...	...	...		6
Spina bifida	...	...	...	...		4
Osteomyelitis	...	...	...	...		5
Amputations	...	...	...	...		8
Old injuries	...	...	...	...		10
Miscellaneous	...	...	...	...		24
						<hr/> 449 <hr/>

252 of the 449 cases have been examined at least once by the Orthopædic Surgeon and 81 have received institutional treatment under the Scheme.

PHYSICAL TRAINING.

The following extract is from the Report of Mr. J. Wilkinson, the Organiser of Physical Education :—

General.

Physical Education in the Norfolk Schools is recognised as a vital factor in contributing to the health of the growing child. In all branches of training the progress is encouraging.

Physical exercises, group practices, games, etc., are enjoyed and have had a great effect upon both the physical and mental development of the children.

Physical Exercises.

The time given to the teaching of each branch of training has produced steady progress in the development of the Physical Education scheme. There is a marked appreciation on the part of Head Teachers of the increased value of physical education. Each branch of the work has been used for its own particular effect, and has been supplemented and completed by one of the others.

It is of vital importance that the atmosphere for classroom lessons should be kept cool and fresh. Hot, stagnant, over-used air is a danger, and makes physical and mental effort unnecessarily difficult. The best posture results have been observed in schools where the teaching of table work has been done with integrity and enthusiasm. Games alone do not give the postural training complete.

Physical Education in the Central Schools has received special attention during the year.

Special features in the training include :—

- i. Tables of exercises containing new and stimulating types.
- ii. A greater use of rhythmic movement.
- iii. More advanced group training.
- iv. The teaching of boys and girls separately.

Schools Visited.

1930	...	372 Schools	...	1478 Demonstration Lessons
1931	...	398 Schools	...	1393 Demonstration Lessons
1932	...	457 Schools	...	1587 Demonstration Lessons

Pupil Teachers' Central Classes.

The three Centres at Melton Constable, Dereham and Norwich have been visited each month during the year (12 lessons of 2 hours each).

Organised Games.—*Playing Fields, Recreation Grounds, School Playgrounds.*

During the year 457 Schools were visited. 72 of these had the use of a playing-field and 54 a hard-surface playground.

The organisation of the games period forms part of the duty of the Organiser of Physical Education, and during the year further lists of suggestions have been issued to Head Teachers, and at many Schools demonstrations have been given. The teaching standard has improved and further apparatus has been purchased, but there is much to be done before a satisfactory level is reached.

Folk Dancing.

This branch of the training is included in an increased number of Schools. The Schools where a gramophone is used have done the best work, taking the lessons out of doors, and including all the class in the training.

Though valuable as a branch in the training, it is not intended to replace the formal teaching of systematic exercises, graded in sequence and progression, and should only be used to supplement the training.

Norwich and Norfolk Festival—1932.

The teams entered for the above Festival showed great keenness, which was intelligently displayed in their dancing. They were more intent in perfecting the dance than in vying with each other, which is much to the good, and created the right atmosphere. The standard showed a high average.

Norfolk Teachers' Gymnastic Association.

This Association has now completed the second term of the third year of its existence. The average this term has been 17, as compared with 16 in the corresponding term last year, and 20 last term, being the summer term.

Evening Institutes.

There is a keen desire on the part of Organisers of Evening Institutes to include Physical Education in the programme.

Men's and women's classes have been held during the year at the following five Centres :—

Diss, Dereham Central, Terrington Central, Wells Central and Thetford.

Posture—Reference for Classwork.

The posture of Norfolk children has improved during the last three years. Special attention was drawn to this in Reports. Teachers were urged to cultivate "an eye for good posture," not only during the physical training lesson, but in the formal activities of the child in and out of School.

In the physical training lessons particular attention has been given to the correction of bad posture, such as poking chins, round backs, hollow backs, exaggerated and tense positions both in regard to standing and sitting positions. The opinion has been formed on the work seen this year that the posture of the girls is better than that of the boys.

Swimming.

Several new Centres have reported progress in this branch of training. This voluntary work by class teachers is to be appreciated as most of the teaching of swimming is done out of school hours."

OPEN-AIR EDUCATION.

There are no open-air schools, but teachers are encouraged to hold classes in the open air when the weather permits.

PROVISION OF MEALS.

No arrangements exist under Section 82—85 of the Education Act, 1921, for the provision of meals.

Voluntary work is being carried out in many of the Schools in connection with the supply of milk and "hot" drinks by the teachers and other interested persons.

SCHOOL BATHS.

No provision has been made by the Authority.

NURSERY SCHOOLS.

There are no nursery schools in the County.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Ascertainment continues on the lines mentioned in previous reports, quite a large proportion of the cases coming to light prior to the children in question reaching school age. All cases reported are seen by the School Medical Officer, or the Senior Assistant, as Certifying Officers.

Accommodation for Blind and Deaf children is available at the East Anglian School, Gorleston, at which institution 45 places are reserved for Norfolk children. 4 children were certified as Deaf within the meaning of the Education Act, 1921, during the year. At the end of the December term there were 43 children on the books of the Gorleston School.

15 mental defectives were notified to the Local Control Authority by the Education Committee during 1932, the number being made up as follows :—

		Male.	Female.	Total.
Idiots	...	—	1	1
Imbeciles	...	5	9	14
		<hr/>	<hr/>	<hr/>
		5	10	15
		<hr/>	<hr/>	<hr/>

Two cases of Epilepsy are receiving education and treatment at the Lingfield Colony.

CO-OPERATION OF TEACHERS, LOCAL CARE COMMITTEES, ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Full co-operation is readily afforded by the teachers and the value of such assistance cannot be overstressed. School Care Committees, where it has been found possible to form them, continue to give voluntary service of a most helpful nature.

The School Nurses, in their dual capacity of School Attendance Officers, ensure that any question of absence from school on medical grounds is followed up by any necessary treatment. Close co-operation is maintained with the Secretary for Education in this connection.

41 cases were referred to the Inspectors of the National Society for the Prevention of Cruelty to Children during the year; 26 on account of general neglect and 15 for failure to provide medical treatment. In one case of neglect, the home address was situate in an adjoining County, and prosecution, followed by conviction, was instituted in that area. The remaining neglect cases showed improvement, 8 continuing under supervision. With one exception, consent was obtained following the visits of the Inspectors to the parents of children needing treatment.

EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases).

1,650 children were excluded, or re-excluded, during 1932, as follows :—

Contagious Affections—

Impetigo	...	...	308	Ringworm—Body	...	15
Pediculosis	...	...	366	" of Scalp (un-		
Scabies	...	...	60	til rules are complied		
Conjunctivitis	...	...	57	with) 		6
Ringworm—Cattle	...	...	2			

Other Diseases (generally from Certificates issued by Family Doctor)—

Adenitis	...	...	8	Nervous Diseases	...	12
Anæmia	...	...	18	Otorrhœa	...	12
Debility (General)	...	...	47	Rheumatism	...	14
Eczema	...	...	2	Tonsilitis	...	53
Enlarged Glands	...	...	28	Tuberculosis—		
Epilepsy	...	...	2	Non-Pulmonary	...	13
Heart Disease	...	...	7	Other Affections	...	512
Jaundice	...	...	20			
Lung Affection (not tubercle)	...	...	88			

196 Certificates were also issued to cover irregular attendance.

PERMANENT EXCLUSIONS.

During the year 11 children were permanently excluded from attendance at a Public Elementary School for the following reasons:—

Mental Deficiency	...	4	Albuminuria	...	1
Severe Epilepsy	...	1	Blind "within"	...	3
Severe Heart Disease	...	1	Deaf "within"	...	1
Pulmonary Tuberculosis		3	Peroneal Muscular Atrophy		1

MISCELLANEOUS WORK.

476 swabbings were taken from nose and/or throat in connection with the control of infectious disease, 239 of which were with regard to diphtheria (10 proving positive) and 237 were for scarlet fever (1 showing the presence of definite hæmolytic streptococci). 127 specimens of hair were examined for ringworm, 68 proving positive.

115 candidates for the teaching profession were examined and reported upon, also 15 supplementary teachers.

6 lectures to parents on health matters were given by members of the medical staff and one on dental hygiene by one of the dental surgeons. These lectures were given to parents and were arranged in each case through the Women's Institute movement.

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

NUMBERS.

At the end of the year 11 Secondary Schools (5 provided and 6 non-provided) were in existence in the County. Pupil Teacher Centres continue at Dereham, Melton Constable and Norwich.

MEDICAL INSPECTION.

The same arrangements as those outlined in my last Report with regard to the carrying out of inspection are in operation.

The object is to examine the greatest number of pupils during their first term at school and the greatest number during their last term, whilst equalising the inspections conducted between the three terms as far as possible. This appears to work very well.

Every Secondary school received a routine visit each term, whilst the three pupil teacher centres were inspected once during the year. 1907 routine inspections were thus conducted, 6 pupils were specially examined and in addition 990 were re-inspected, each pupil found suffering from some defect being examined each term.

FINDINGS OF MEDICAL INSPECTION.

Generally speaking, the number of defects found was small, 13.42% of the pupils examined being in need of treatment, apart from uncleanliness and dental caries, as against 18.77% in the case of the elementary school children.

The undermentioned defects are those in which the cases requiring attention can be shown in percentages.

Defect.	No. of Defects.	Percentage.
Malnutrition	8	0.42
Defective Vision	49	2.67
Enlarged Tonsils	21	1.10
Adenoids	3	0.15
Tonsils and Adenoids	6	0.31
Spinal Curvature	21	1.10

MEDICAL TREATMENT.

(1) Under Education Committee's Scheme.

	Refraction Work.	Operations. Tonsils and Adenoids.
(a) Vouchers Issued—		
Ophthalmic Specialists ...	12	—
General Practitioners ...	1	1
Hospitals	—	2
(b) By whole-time Medical Officers ...	56	—

In the 13 cases examined by approved Specialists, glasses were prescribed and supplied in 11 cases, found to be unnecessary in 1 case, and in 1 case glasses were awaiting provision at the end of the year.

Of the 56 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were prescribed in 45 cases and supplied in 40 cases, leaving 5 cases awaiting provision of glasses. Ten of the pupils submitted to retinoscopy were found not to require spectacles, and the remaining case was referred to a Specialist.

The above treatment is available to all scholars in attendance, and apart from very exceptional cases, parents are expected to refund the full cost of treatment. All financial arrangements are carried out by the Secretary for Education direct with the parents.

(2) Not under Scheme.

The following table shows the number of cases where treatment for defects found as a result of medical inspection, is known to be been obtained during the year :

Defect.			Referred previous to 1932.	Referred in 1932.
Underweight	...	...	2	3
Blepharitis	...	...	1	—
Heart	...	...	—	1
Anæmia	...	..	—	2
Spinal Curvature	...	...	—	7
Other Deformities	...	...	—	4
Other Diseases and Defects	...	...	1	1
			—	—
			4	18
			—	—

These figures, together with those included in Table IV., Groups II. and III., have been compiled from information supplied by the Head Masters and Head Mistresses of the Schools.

DENTAL TREATMENT.

There has been no alteration in connection with the scope of the dental treatment scheme as outlined in last year's Report. 8 of the 11 Secondary Schools were visited during the year and also 2 of the 3 Pupil Teacher Centres. 1,227 pupils were inspected, 667 being found to require treatment and 405 actually receiving attention by the Dental Surgeons. The percentage of refusals was 39.28 as compared with 51.23% in the case of the Elementary Schools.

INFECTIOUS DISEASES.

The School Medical Officer has no jurisdiction in connection with the closure of or exclusion from Secondary Schools in the event of an outbreak of infectious or contagious disease, although advice is given if so requested by the School Authorities. My opinion on this question was given in last year's Report.

FOLLOWING UP.

All work of this nature is done voluntarily on the part of the Head Masters or Mistresses, apart from the fact that defective pupils are re-examined by the Assistant Medical Officers each term, thus affording closer contact than is possible in the large majority of the Elementary Schools. The assistance given freely by the Heads of the Schools is valuable and greatly appreciated.

ELEMENTARY SCHOOLS

**TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY,
1932, to 31st DECEMBER, 1932.**

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	4743
Intermediates	...	...	...	...	4661
Leavers	...	...	...	...	4870
					14274

Number of other Routine Inspections		566
-------------------------------------	-----	-----	--	-----

B.—Other Inspections.

Number of Special Inspections	...	...	...	1989
Number of Re-inspections	...	...	...	17258
				19247
TOTAL	..	...	...	34087

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1932.**

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	580	220	6	2
Skin—				
Ringworm—				
Scalp	10	9	5	1
Body	5	1	3	...
Scabies	4	...	5	...
Impetigo	42	2	205	...
Other diseases (Non-Tuberculous) ...	88	37	191	5
Eye—				
Blepharitis	184	7	75	...
Conjunctivitis	13	5	10	...
Keratitis ... ..	...	1	1	...
Corneal Opacities	1	13	1	...
Defective Vision (excluding Squint) ...	372	798	48	35
Squint	78	142	14	5
Other Conditions	37	40	32	11
Ear—				
Defective Hearing	25	73	3	3
Otitis Media	53	56	37	4
Other Ear Diseases	29	25	35	4
Nose and Throat—				
Enlarged Tonsils only	220	1342	29	61
Adenoids only	43	131	5	13
Enlarged Tonsils and Adenoids ...	564	870	25	37
Other Conditions	53	165	13	36
Enlarged Cervical Glands (Non-Tubercu- lous)	38	1004	50	13
Defective Speech	6	81	1	3
Heart and Circulation—				
Heart Disease:				
Organic	9	45	...	3
Functional	5	61	1	1
Anæmia	77	45	14	4

TABLE II.—Return of Defects—(continued).

Defect or Disease. (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	29	48	4	6
Other Non-Tuberculous Diseases ...	98	96	...	4
Tuberculosis—				
Pulmonary :				
Definite	4	7	...	...
Suspected	7	8	..	1
Non-Pulmonary :				
Glands	32	104	1	3
Spine ... ..	..	2	...	...
Hip ... ..	...	1	...	...
Other Bones and Joints ... ..	...	4	...	..
Skin ... ..	...	...	...	...
Other Forms	6	10	...	2
Nervous System—				
Epilepsy	1	7	1	2
Chorea	2	3	2	4
Other Conditions	5	15	3	6
Deformities—				
Rickets	4	80	1	1
Spinal Curvature	14	30	1	1
Other Forms	85	109	4	3
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	303	312	715	70

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS:			
Entrants	4743	958	20·19
Intermediates	4661	939	20·14
Leavers	4870	783	16·07
TOTAL (Code Groups)	14274	2680	18·77
Other Routine Inspections	566	123	21·73

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1932.**

(No Child is entered under more than one heading.)

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease			4	2	6
Blind (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the	9	5	14
		Blind ... ..	...	...	...
		At Public Elementary Schools	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ...			
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the			
		Blind or Partially Blind ...	...	...	...
		At Public Elementary Schools	17	21	38
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	...	...	...
Deaf including deaf and dumb and partially deaf).	(i) Suitable for training in a School for totally deaf or deaf and dumb.	At Certified Schools for the			
		Deaf	6	17	23
		At Public Elementary Schools	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	...	...	...
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the			
		Deaf or Partially Deaf ...	3	3	6
		At Public Elementary Schools	4	...	4
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	...	...	...
Mentally Defective.	Feebleminded.	At Certified Schools for			
		Mentally Defective Children	1	...	1
		At Public Elementary Schools	88	42	130
		At other Institutions	3	2	5
Epileptics.	Suffering from severe epilepsy.	At no School or Institution ...	17	24	41*
		At Certified Schools for			
		Epileptics	2	...	2
		At Certified Residential Open			
		Air Schools ... ..	...	...	...
		At Certified Day Open Air			
		Schools ... ..	...	...	...
		At Public Elementary Schools	1	4	5
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	6	2	8*
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	17	13	30
		At no School or Institution ...	1	1	2

*Includes Children up to 16 years of age.

TABLE III.—Numerical Return of all Exceptional Children—(continued).

			Boys.	Girls.	Total.
Physically Defective.	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	23	15	38
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	4	7	11
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	..
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	84	76	160
		At other Institutions ... ..	...	1	1
		At no School or Institution ...	3	1	4
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	3	8
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	140	98	238
		At other Institutions	1	1	2
		At no School or Institution ...	4	6	10
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	14	13	27
		At other Institutions ... ..	...	1	1
		At no School or Institution ...	2	7	9
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	10	3	13
		At Public Elementary Schools	14	11	25
		At other Institutions ... ..	.	...	...
		At no School or Institution ...	...	3	3
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	..	...	...
		At Public Elementary Schools	5	2	7
		At other Institutions ... ..	...	...	...
		At no School or Institution ...	1	...	1

TABLE III.—Numerical Return of all Exceptional Children—*Contd.*

			Boys.	Girls.	Total.
Physically Defective (continued).	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools ... ..	..	...	...
		At Certified Residential Open Air Schools ... ..	...	...	..
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	102	83	185
		At other Institutions	2	...	2
		At no School or Institution ...	3	7	10
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	5	4	9
		At Certified Residential Cripple Schools	1	..	1
		At Certified Day Cripple Schools ... ..	..	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	63	31	94
			(4)		(4)
		At other Institutions	1	...	1
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At no School or Institution ...	13	9	22*
			(3)	(1)	(4)
		At Certified Hospital Schools	...	..	...
		At Certified Residential Cripple Schools ... ..	...	..	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	1	3	4
		At other Institutions ... ..	...	...	..
		At no School or Institution ...	2	6	8

*Includes children up to 16 years of age.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1932.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding uncleanness, for which see Group V.)

Defect or Disease.			Number of Defects treated, or under treatment during the year.		
			Under the Authority's Scheme.	Otherwise.	Total.
(1)			(2)	(3)	(4)
Skin—					
Ringworm—Scalp	...	...	111	...	111
Ringworm—Body	...	...	21	...	21
Scabies	...	...	32	...	32
Impetigo	...	...	720	...	720
Other Skin Disease	...	...	340	...	340
Minor Eye Defects	...	...	603	...	603
(External and other, but excluding cases falling in Group II.)					
Minor Ear Defects	...	...	173	...	173
Miscellaneous	...	...	1209	...	1209
(e.g., minor injuries, bruises, sores, chilblains, etc.)					
TOTAL	...	...	3209	...	3209

TABLE IV.—Return of Defects—(continued).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report)	943	54	...	997
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	...	...	...	...
TOTAL	943	54	...	997

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	780
(b) Otherwise	54

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	781
(b) Otherwise	43

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				Total Number Treated.
Received Operative Treatment.			Received other Forms of Treatment.	
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		(4)	(5)
422	267	689	179	868
Total 422	267	689	179	868

TABLE IV.—Return of Defects—(continued).

Group IV.—Dental Defects.

1. Number of Children who were													
(a) Inspected by Dentists—													
Routine Age Groups.													
3	4	5	6	7	8	9	10	11	12	13	14	Specials	Total
42	403	1693	3030	3136	3529	3668	3673	3860	4285	2901	1850	110	32280
(b) Found to require Treatment										...	...	20231	
(c) Actually Treated								...	...	...	10069		
2. Half-days devoted to:—													
Inspection					...	...	...	...	462				
Treatment					...	...	...	...	1808				
Total										...	—	2270	
3. Attendances made by children for Treatment										...	12961		
4. Fillings:—													
Permanent teeth					...	...	...	...	4347				
Temporary teeth					...	...	...	...	123				
Total										...	—	4470	
5. Extractions:—													
Permanent teeth					...	...	...	...	1575				
Temporary teeth					...	...	...	...	17570				
Total										...	—	19145	
6. Administrations of General Anæsthetics for Extractions													4
7. Other Operations:—													
Permanent teeth					...	...	...	...	15942				
Temporary teeth					...	...	...	...	7923				
Total										...	—	23865	

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of Visits per School made during the year by the School Nurses	...	...	...	7.50
(ii)	Total number of Examinations of Children in the Schools by School Nurses	...	...	...	182651
(iii)	Number of individual children found unclean	...	...	...	3718
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	Nil.
(v)	Number of cases in which legal proceedings were taken:				
	(a) Under the Education Act, 1921	...	...	...	Nil.
	(b) Under School Attendance Bye-laws	...	...	...	5

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

**TABLE I.—RETURN OF MEDICAL INSPECTIONS 1st JANUARY,
1932, to 31st DECEMBER, 1932.**

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	461
Yearly Examinations	..	...	...	...	1446
Leavers	...	...	...	...	—

— 1907

Number of other Routine Inspections ... —

B.—Other Inspections.

Number of Special Inspections	...	...	...	6
Number of Re-inspections	...	...	...	990

— 996

TOTAL ... 2903

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1932.**

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	8	2	...	...
Skin—				
Ringworm—				
Scalp	1	...	...	...
Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo	1	...	...	...
Other diseases (Non-Tuberculous) ...	5	...	...	...
Eye—				
Blepharitis	25	1	1	...
Conjunctivitis ... ..	...	...	1	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint) ...	49	53	...	...
Squint	1	1	...	...
Other Conditions	2	5	...	...
Ear—				
Defective Hearing	1	4	...	...
Otitis Media	1	...	...	...
Other Ear Diseases	3	3	...	...
Nose and Throat—				
Enlarged Tonsils only	21	61	..	...
Adenoids only	3	9	...	...
Enlarged Tonsils and Adenoids	6	10	...	...
Other Conditions	8	10	...	...
Enlarged Cervical Glands (Non-Tuberculous)	1	18	...	...
Defective Speech	2	...	...	...
Heart and Circulation—				
Heart Disease:				
Organic	1	...	...	...
Functional	1	2	...	...
Anæmia	7	6	...	...

TABLE II.—Return of Defects—(continued).

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis ... ..	...	...	...	...
Other Non-Tuberculous Diseases ...	1	...	...	...
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary:				
Glands ... ..	...	1	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones and Joints ...	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	1	...	...
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	...	...	...
Other Conditions	1	1	...	...
Deformities—				
Rickets ... ..	...	...	...	...
Spinal Curvature	20	12	...	...
Other Forms	67	11	...	...
Other Defects and Diseases	40	20	2	...

B.—Number of Individual Pupils found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group (1)	Number of Pupils.		Percentage of Pupils found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS:			
Entrants	461	66	14.31
Yearly Examinations	1446	190	13.13
Leavers ... ..	...	...	...
TOTAL (Code Groups)	1907	256	13.42
Other Routine Inspections ... ..	...	...	...

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1932.**

Group II.—Defective Vision and Squint.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint but not Operations)	69	7	..	76
Other Defect or Disease of the Eyes ... ..	...	...	...	...
TOTAL	69	7	...	76

Total number of pupils for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	57
(b) Otherwise	...	...	...	7

Total number of pupils who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	54
(b) Otherwise	...	...	...	7

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.					al Number Treated.
Received Operative Treatment.			Received other Forms of Treatment.		
Under the Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.			
(1)	(2)	(3)	(4)	(5)	
3	1	4	2	6	
TOTAL ... 3	1	4	2	6	

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE IV.—Return of Defects—(continued).

Group IV.—Dental Defects.

1. Number of pupils who were

(a) Inspected by Dentists—

Routine Age Groups.

Under 12	12	13	14	15	16	over 16	Specials	Total.
102	215	214	201	183	164	148	—	1227

(b) Found to require Treatment	667
--------------------------------	-----	-----	-----	-----	-----	-----	-----	-----

(c) Actually Treated	405
----------------------	-----	-----	-----	-----	-----	-----	-----	-----

2. Half-days devoted to:—

Inspection	14
------------	-----	-----	-----	-----	-----	----

Treatment	116
-----------	-----	-----	-----	-----	-----	-----

Total	130
-------	-----	-----	-----	-----	-----	-----

3. Attendances made by pupils for Treatment	720
---	-----	-----	-----	-----	-----	-----

4. Fillings:—

Permanent teeth	756
-----------------	-----	-----	-----	-----	-----	-----

Temporary teeth
-----------------	-----	-----	-----	-----	-----	-----

Total	756
-------	-----	-----	-----	-----	-----	-----

5. Extractions:—

Permanent teeth	128
-----------------	-----	-----	-----	-----	-----	-----

Temporary teeth	93
-----------------	-----	-----	-----	-----	-----	----

Total	221
-------	-----	-----	-----	-----	-----	-----

6. Administrations of General Anæsthetics for Extractions	Nil
---	-----	-----	-----	-----	-----	-----

7. Other Operations:—

Permanent teeth	1574
-----------------	-----	-----	-----	-----	-----	------

Temporary teeth	28
-----------------	-----	-----	-----	-----	-----	----

Total	1602
-------	-----	-----	-----	-----	-----	------

